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MUNCHAUSEN SYNDROME BY PROXY: THIRTY YEARS LATER IN A "POST-MODERN" WORLD

INTRODUCTION

The classification system for mental disorders, DSM-IV-TR (APA 2000) describes the symptoms for diagnosis of a condition called "factitious disorder by proxy" (more popularly known as munchausen syndrome by proxy; MSBP):

- Intentional production or feigning of physical or psychological signs or symptoms in another person who is under the individual's care;
- The motivation for the perpetrator's behaviour is to assume the sick role by proxy;
- External incentives for the behaviour (such as economic gain) are absent;
- The behaviour is not better accounted for by another mental disorder (APA 2000 p783).

In August 1977, the "Lancet" published a short report of two case studies as examples of a condition where "parents who, by falsification, caused their children innumerable harmful hospital procedures - a sort of munchausen syndrome by proxy" (Meadow 1977 p343).

The article drew out two issues that are not without controversy as well as describing (MSBP):

- How should medical staff view mothers (parents) of ill children? "We may teach, and I believe should teach, that mothers are always right, but at the same time we must recognise that when mothers are wrong they can be terribly wrong" (p345);
- Is MSBP more common than usually believed? "The behaviour of Kay's mother has not been described in the medical literature. Is it because that degree of falsification is very rare or because it is unrecognised?" (p345).

MEADOW (1977)

Meadow's article detailed two case studies, of which "Kay" was described in more detail. She was a six-year-old who presented with her mother at a hospital with "foul-smelling, bloody urine". The medical facts did not make sense: "everyone was mystified by the intermittent nature of her compliant and the way in which purulent, bloody urine specimens were followed by completely clear ones a few hours later" (p343).

This is the first characteristic that is used to spot MSBP - inconsistency or medical facts that did not add up. Over a seven-day period, Meadow recorded fifty-seven samples of urine, of which forty-five were normal (taken by nurses), and twelve abnormal (presented by the mother). Table 1 gives an example of the pattern over four hours.

<u>TIME</u>	<u>URINE SAMPLE STATUS</u>	<u>SAMPLE TAKEN BY</u>
5pm	normal	nurse
6.45pm	bloody	mother
7.15pm	normal	nurse
8.15pm	bloody	mother
8.30pm	normal	nurse

(After Meadow 1977)

Table 1 - Example of pattern of inconsistency over urine samples in one evening.

The case of Kay highlighted other characteristics seen in MSBP:

i) History of illness and similar episodes of hospital visiting.

Kay had had twelve hospital admissions over the problem with seven major X-ray procedures, six examinations under anaesthesia, and more than 150 lab cultures of the urine.

All the cases of illness were reported by the mother, and Kay's health was fine when her mother was away in a psychiatric outpatient consultation.

Generally when the false nature of the illness is discovered, the sufferer responds by taking the child away, which means there is no long-term relationship with medical staff (Schreier and Libow 1993).

ii) The nature of the illness was dramatic and required attention.

On one occasion, over a Bank holiday weekend, five consultants came in to look at the "emergency". Meadow later described MSBP as "seeking the advantages of the sick role for themselves, or as another form of attention seeking behaviour" (1999 p361).

Both the above characteristics are evident in individuals with munchausen syndrome (MS) who present

themselves with "major" problems.

iii) The behaviour of the mother showed inconsistencies.

"She was concerned and loving in her relationship with Kay, and yet sometimes not quite as worried about the possible causes of the illness as were the doctors" (p343).

The parent usually does not seem distressed by the persistence of the illness either (Mrazek 2002).

iv) Exploration with the mother found evidence of underlying concerns away from Kay's health.

The mother felt "that her husband was more interested in the child than in her" (p344). The feeling, whether it is true or not, of being unimportant. Thus MS and MSBP have been proposed as extreme versions of the need for attention.

Another characteristic of MSBP sufferers is an undisclosed psychiatric history, including possible suicide attempts and deliberate self harm (Souid et al 1998).

The other case study reported by Meadow (1977) was "Charles" (less than one-year-old) who was suffering from the effects of salt poisoning. This was a case of a child actually being made ill whereas Kay was more the fabrication of illness. Both occur with MSBP, but the former is the greater risk to the child, even to the point of death.

Rauch and Jellinek (2002) described the MSBP sufferer as "a character-disordered parent who finds the support of the hospital staff and/or the drama of the child's purported illness so personally gratifying that the morbidity associated with unnecessary tests and even death of her child becomes secondary to her need to keep the child in the sick role" (p1061).

In an extreme example, it has been suggested that nurse, Beverly Allit, was a MSBP sufferer (among other psychiatric conditions). She was convicted of killing four babies and attempting to kill nine more by injecting them with insulin in 1991-2 at a hospital in eastern England ("Infamous Murders: Angels of Death" 2001; The History Channel).

THEN AND NOW

MSBP is controversial. For example, the Queensland Court of Appeal in Australia, in 2004, judged that MSBP "does not form part of a recognised reliable body of medical knowledge" (Batt 2006).

I do not want to look at the controversy over its existence or in diagnosis or the symptoms. But to think about the discourses, particularly, of mothering that surround this condition.

Discourses can be simply defined as ideas in society that set the agenda as to what is normal, abnormal, expected, or deviant behaviour. It can be summed up in ideas like "good mothers", "good mothering", "bad mothers", and "bad mothering". The important point is that discourses are underlying any decisions about, say, abusive behaviour. For example, one hundred years ago corporal punishment was much more acceptable than today.

It is interesting that the emphasis is upon mothers (98% of MSBP sufferers; Emery and Laumann-Billings 2002), though MSBP can occur with other parents. But this is part of the issue - childcare is constructed as a female activity. So even if men are doing it, their behaviour is still in relation to this norm. Furthermore, there is more than one discourse involved; there are several and they can be competing.

Trust

Among these many discourses about mothering, I emphasise two from Meadow's article. Firstly, he talked about recognising that "mothers are always right". This is a question of who knows best and who can be trusted. Today there are questions about the trustworthiness of experts (eg "what doctors don't tell you") as well as parents.

In the "post-modern" world, there is a crisis of trust because there is "no sure epistemological foundation upon which knowledge can be built" (Polkinghorne 1992). Along with multiple sources of information, it is difficult to know who is right. This leads individuals to believe only trusted sources, like friends, and authorities respond by the increasing use of their "experts".

This can be seen in the concern of parents over the MMR (measles, mumps and rubella) vaccine. The Government's response was to produce more statistics and expert opinion assuming that parents lacked such knowledge. But for parents, the issue was different: "If some of us no longer trust our individual doctor or the government committees that investigate vaccine safety, then more risk statistics (or any advice for that matter)

will not be automatically accepted" (Hobson-West 2003 p280).

If nobody can be trusted, then mothers presenting children with illnesses that are not easy to confirm will be automatically treated with suspicion. But even worse, such lack of trust could mean that even with medical confirmation of illness, the mother is not trusted.

In the same vein, Batt (2006) was unhappy because denial of fabricating the child's illness can be taken as proof of MSBP.

Worried

Relating to a second discourse of mothering, Meadow described Kay's mother as concerned, yet "not quite as worried" as the doctors. How worried is enough? The construction of normal behaviour is the issue here. If a mother is constantly concerned about her child, this could be called "overprotective" (and thus abnormal), and if not concerned also abnormal. It is a tightrope to walk to be normal, or put another way, it is a double bind with no way of winning.

For me, "post-modern" society is characterised by the presence of contradictory or conflicting messages/ideas which are mutually exclusive (Brewer 2002).

But why is it such a tightrope to walk to be a "good mother"? The simple answer is as a means of social control. Ideal motherhood is a contemporary fantasy (Reynolds 1996) which is threatened by changes in society with more mothers working, for example. In times of social change, there is often a reaction to maintain the ideal - in this case the "good mother" who neither cares too much or too little for her child.

The contradictory discourses can also be seen in the fear of children as well as the fear for them. For example, if something bad happens to a child, then it is the mother's fault for not foreseeing the risk and managing it. Children's freedoms are curtailed because of the blame upon mothers when children are harmed. While if a child harms another, this too is the mother's fault (Scott et al 1998).

CONCLUSIONS

There are a number of problems related to MBSP. Firstly, how extensive is it?

Estimates have been made of 30 000 children being removed from their parents in the UK after maternal diagnosis of MSBP (Liddle 2005), while others suggest only fifty sufferers a year (Cavendish 2006). Over a

thousand cases of MSBP are recorded every year in the US according to Batt (2006).

Secondly, is a problem of no obvious diagnosis for the child a definite sign of MSBP? Not necessarily because some conditions, like Lyme disease, can be "notoriously difficult to diagnose" (Batt 2006).

In the light of the concerns, Rauch and Jellinek (2002) advised caution:

Just as it {MSBP} is a form of abuse that should not be regarded as trivial, it is also important not to ascribe uncertainty of diagnosis and parental anxiety to this serious form of abuse. Once suspicion of this diagnosis is written in the permanent hospital record, the parent will be viewed with suspicion by every provider to follow (p1061).

Finally, Liddle (2005) claimed to have invented "MSBP by proxy" to describe doctors who make up illnesses for other people to suffer from in order to draw attention to themselves. This is clever but probably unfair. Doctors exist in a "post-modern" world with contradictory discourses and a tightrope for them to walk.

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Kevin Brewer

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IDEAS ABOUT EATING DISORDERS BY A SUFFERER OF AN EATING DISORDER - PART 3: FEMINIST, PERSONAL FEELINGS, AND CONCLUSIONS

INTRODUCTION

This is the third of three articles on eating disorders. The first one (Peters 2006) looked at explanations based on personality characteristics, and the second (Peters 2007) looked at cognitive, psychodynamic and learning explanations. This article includes feminist ideas, personal feelings and conclusions on the topic.

FEMINISM AND CULTURE

Rates of eating disorders vary among different ethnic and racial groups, and also change over time as cultures evolve. Cultural beliefs may therefore play a significant role in the development of eating disorders. Anorexia Nervosa (AN) and Bulimia Nervosa (BN) are more widespread among different cultural groups than many would imagine.

Previously it has been believed that eating disorders occur predominantly in white, upper socio-economic groups in Western nations. There is, however, new evidence that they occur in a range of ethnic and socio-economic groups. For example, in the US, 1-4% of Non-Caucasians are thought to have AN or BN (Dolan 1991).

Rowland (1970) made the suggestion that Jewish, Catholic, and Italian cultural origins may lead to higher risk of developing an eating disorder due to their cultural attitudes about the importance of food.

It has also been suggested that the emphasis in modern society on performance and achievement in women may increase their vulnerability to eating disorders. Alongside this is the notion that eating disorders are more likely to develop at times when women have more opportunities (Bemporad 1997).

This can be looked at from a historical viewpoint, where self-starvation has been more common during times of high wealth. But this has only been the case if combined with women having greater freedom. For example, although many Moslem cultures have had an increase in wealth, women still lead very restricted lifestyles; they have therefore not reported a high prevalence of eating disorders. However, among many other cultures women have more freedom, and are pushed to be high achievers whilst at the same time being expected to maintain their roles as wives and mothers, and maintain their femininity and attractiveness. It is a possibility then that eating

disorders are a woman's response to these conflicting demands for success and attractiveness.

Katzman and Lee (1997) also based their ideas on this theory that women are "straddling two worlds" which they have to merge. Thus linking transcultural theories with feminist issues to propose causes of AN. This idea of feminist theory in relation to eating disorders is one that has been looked into. Many women with eating disorders find that learning more about feminism, helps them better to understand how society pressures women to attain unrealistically thin bodies. Ultimately, the aim of feminist theory is to empower women to take control of their lives in less self-destructive ways than through eating disorders. The feminist view is that eating issues are caused by an interaction of individual, social, and familial factors.

The idea that feminist theory is linked to eating disorders is also one that Klein and Walsh (2005) were very focused upon. They believed that eating is an attempt to "develop our fantasies". They believed that whilst women are so controlled by contemporary, patriarchal society eating disordered individuals are expressing themselves in the only way they can see how. Talking, speaking out, and violence, for example, are all deemed inappropriate for women.

They therefore feel the need to create a new means of communication. In the case of some bulimics, for example, once they have gone through the process of excessive eating, proceeded by self-induced vomiting or use of laxatives, they will still feel depressed: because although they have in their own way "talked", they have not been able to use the adequate instrument: words.

Kim Chernin (1994) has also researched eating disorders in relation to femininity in a male dominated culture. She sees AN as a woman's extreme denial of femininity. Women who are obsessed with their size, and wishing to control their hungers and urges are seen to be expressing the fact that they have been taught to regard emotional life, passions, and appetites as dangerous, requiring control and careful monitoring. Chernin believes that although women have natural appetites and urges, they are repressed by a society that hates and even fears women's inherent power. A woman who is obsessed with the size of her body, and is constantly trying to make herself smaller and less apparent, may therefore be expressing the fact that she feels uncomfortable being female in this culture.

Although Chernin's work has had an impact on feminist ideas in the arena of eating disorders, she has been criticised for her idolization of "fat" women ("A fat woman carries in her body the evocative power of the

matriarch"). In a more positive light though, this idolization can be seen as a move towards overcoming the strong cultural negativity associated with fatness, thus being a form of liberation.

In her book "Hunger Strike", Susie Orbach related women with eating disorders to the suffragettes who refused to eat as part of their protesting. She believes that an eating disordered woman is protesting, at the conditions she lives in, and using her refusal to eat as her weapon. In both cases the women are attempting to draw attention to their cause and the necessity for action.

She believes she must act this self-punishing way, as by eating she will jeopardize her case. The anorexic is in effect protesting against the rules that limit women's lives, and is stating a demand that she has a total right to exist. She is trying to justify herself, and attempting to find a safe space in the world, for the feminist view is that women are only allowed to enter the world in a restricted way, and are only allowed to occupy particular spaces. They are only accepted into the world if they agree to be constantly perfecting their bodies, with TV, radio, and magazines all giving "advice" on how to achieve this.

This results in all women feeling confused about their bodies, insecure, and uncomfortable. The anorectic is therefore, in an extreme sense, affirming the actions, concerns, fears, and hopes of women in general. She is merely exaggerating the actions of what all women in society are doing to some extent or another. For all women who enter this society are seemingly told that their role is precisely marked out, and that success in that role relates mainly to the physical image they can create and project.

THE "SELF" FROM *HER* PERSPECTIVE

To an individual with either AN or BN, the self is perceived as totally inadequate. Throughout an anorectic's life she may have felt her life has been shaped by others, and who *she* is has been somewhat ignored and dismissed. She may feel she has responded to the desires of others, and tried to fit herself into their projections.

An anorexic may hold strong beliefs that she is, for various reasons, not good enough to be accepted into this world. She might have been made to feel empty and unworthy. Any initiatives or ambitions she has wished to undertake have often been met with a total lack of support, or even simple disapproval. This leads the individual to believe that any act of spontaneity, acting for herself, or doing something because it is *her* desire,

are all associated with doing wrong. Thus her "self" as it stands, a self with needs and wants, has been rejected. Therefore a self without any needs at all must be created. So she makes an attempt through the only means she knows how.

A seemingly incoherent set of actions and activities begin to display the outlines of something quite purposeful. She expresses with her body what she cannot say in words. By denying herself food, she is rising above the most essential of all needs, and she finally becomes proud of herself and her ability to do this. At last there is something *she* is "good" at. She has found something in which she can achieve and in which she will not fail - unlike the many other seemingly failed aspects of her life. If enough is done, and not done, she may at last be accepted. By practising self-denial and living out the life of a person with no needs, she will gain a place in the world. A place she has longed for but never been good enough for.

The anorectic is so used to experiencing herself as unsuccessful, that her now obvious ability to wield power over her body is a fantastic achievement. She has succeeded in making her body smaller and smaller, where so many others have obviously failed. This ability to make herself thinner and thinner represents a positive sense for her. It gives her a sense of purpose, something praiseworthy, something to live for, the needless self she has been striving for. She therefore has no extra needs, she can make her way in the world independently, without needs she is "untouchable". She is no longer vulnerable, and she is safe in the knowledge that by wanting nothing, she does not risk disappointment.

To the anorectic individual, fatness is also a representation of the consumerable goods around her, which she feels not entitled to. The clothes, the CDs, the jewellery, the cultural offerings such as the cinema, clubs, pubs, and holidays, going out with friends and enjoying herself, they are all seen as overindulgent things just like the food she rejects on a daily basis. She is not worthy of these things, they are "out of her psychological reach".

Just like food, she does desire them, sometimes to enormous extents, but to partake in them would be deemed a failure. Thus her thinness is an act of proving to the world that she has no need of such excesses.

So, the anorectic individual now, at last, feels she has something for herself. Something to hold onto and feel good about. The sense of self she has been longing for. Only she must hold onto this new self-image at all costs, and maintaining this new persona can become very difficult. Her inner self is always threatening to burst out. The daily rituals and obsessive routines take up

more and more of her time, leading to her becoming more and more isolated. She becomes caught up in the demands (ie the food refusal, the routines, the exercise, the thought patterns) of her "new world". With the fear of losing her newfound control her despair increases, and any goal she may have been striving for is lost sight of. She simply becomes more and more obsessed with what she has already achieved. She becomes psychologically trapped with no way out.

The pursuit of thinness can then be seen as a way of searching for a long awaited self, and the need for denying the self already present. It is about what the anorectic can gain from denial, not from the slimness itself. Although the slimness is obviously important, as it shows the visible signs of her success, it is ultimately the achievement, not the thinness that is psychologically important.

CONCLUSION

This article and the previous two (Peters 2006, 2007) have described a combination of causes and effects of eating disorders on individuals who are unfortunate enough to develop such illnesses.

It is important to consider all factors in the aetiology of eating disorders. It has its roots in the psychological, biological, and socio-cultural. With all these factors interacting and in some way being interrelated.

Personality traits can be seen as one major link to the cause and effect of eating disorders, such as obsessive-compulsive disorder, borderline personality disorder, and anxiety. These traits combined with the social pressures that modern society puts on women today are a high risk factor for the onset of eating disorders. Women feel so pressured into having to uphold their role, not only as nurturer, but also as career woman.

Society also puts pressure on her to "look good", and to uphold an image of beauty before allowing her a place in the world. If she cannot maintain all these roles she will be rejected. These individuals then seem unable to express their true feelings and their true selves through any other way than the use of eating disorders. This should be of great concern to today's society.

Cognitive styles and attitudes have been identified as predisposing factors in the development of eating disorders. Individuals with eating disorders frequently have strict cognitive style, marked by inflexible thinking. Important to this is the fact that individuals

with eating disorders hold over-valued beliefs relating to thinness, these beliefs go on to support the individual's belief that thinness is necessary for a happy life.

The role of the family in the development of eating disorders can also be seen as a contributory factor. With parental influence, attachment processes, and how the individual values her place within the family all being seen as relevant.

Historical psychosexual factors from years gone by have played their own role in the forming of knowledge within the field of eating disorders. Some, although far-fetched, come from interesting and expert points of view.

Body image and how the individual views her own self and her own purpose in the world are very important factors in relation to the causes of eating disorders. Dissatisfaction with body image is so widespread that many people believe it is *normal* for women to be worried about their body shape and size. However, how an eating disordered individual perceives herself will be a factor that not only forms the onset of her eating disorder, but also one that will play a vital role in any kind of recovery process.

Hilde Bruche (1973), an author of several books and articles on eating disorders, portrayed this idea well. When speaking of anorexics, she said that of all the anorexia she had known over the years, not even one of them had set out to reach a state of pitiful emaciation, but all they had wanted to do was to feel better about themselves. They felt that being "too fat" was the cause of all the misery in their life, and they wanted to correct it.

But whatever weight they reached in their struggle for self-respect and respect from others, it never gave them inner reassurances, therefore the downhill struggle continued.

More people should realise that eating disorders are an illness and not just a "myth". Many people have trouble understanding that eating disorders are a disease and not a choice. They judge people because of their eating disorder, they think it is a choice, but it is not.

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Laura Peters

Article written April 2005

PREPARING CHILDREN FOR THE IMPORTANT THINGS IN "CONSUMER CAPITALISM": BEING CONSUMERS

INTRODUCTION

Edwards (2000) distinguished three characteristics of consumption:

- i) Consumerism - related to shopping and commodities;
- ii) Leisure - consumption of services;
- iii) Activity of consuming - eg eating and drinking, wearing clothes.

Consumption as experienced in "consumer capitalism" ¹ (Brewer 2001) is more than just the mechanical process of feeding certain needs, it is the meaning to life. In other words, the process of getting to the point of consumption can be as important as that process itself. Simple consumption would be, for example, getting clothes to cover the body and keep warm. But clothes are more than just functional in that sense, there are social meanings attached to which clothes (brand, designer) and how they are worn (fashion, style). The social meanings, however, are not fixed, and individuals can interact with products in ways that show they are "active agents rather than passive consumers" (Phoenix 2005).

Dittmar (2004) summed up how consumption creates identity, which is the personal outworking of social meanings, with the advertising slogan: "I shop, therefore I am", and the phrase: "to have is to be".

The process of socialisation involves children learning the norms of their society and culture. it varies from "table manners" to the accepted meanings underpinning the world. Being raised in "consumer capitalism" socialises children into the norms of that society.

One of the key characteristics of this process is the blurring of needs and wants, and the mediation of the process in terms of possessions. Generally there is a difference between a need (based on survival requirements) and a want (something that would be a bonus to survival). In "consumer capitalism" wants become needs because consumer products are usually not related to actual survival. Thus people talk of needing a new mobile phone, for example.

Children and adolescents show the processes of

¹ "Consumer capitalism" refers to a specific type of capitalism where consumer products (ie those not needed for basic survival) are the main sellers in a saturated market that requires high pressure marketing in order to continue with larger profits each time.

"consumer capitalism" that adults take for granted, but in a raw form.

CHILDREN'S MARKETS

The children's market in the UK is worth £30 billion per annum (Ward 2006). Not only does it matter itself, but it is part of the grooming of children for lifetime consumerism.

While "Tweenies" ("marketing buzzword used to describe someone who is between their childhood and their teenage years" Russell and Tyler 2002) have disposable income of £8.4 billion in the UK, along with a "hyperawareness of brands", particularly among girls (Sullivan 2000 quoted in Russell and Tyler 2002).

"In grooming children to buy into brands and immersing them in messages convincing them they need things to be happy, marketers are cementing and promoting materialism in them" (Williams 2006 p11).

The position of children today is ambivalent:

On the one hand, children are seen to occupy the same spaces and status as adults (and thus conceived of as "becoming adults", located within a relationship of continuity or similarity with adulthood). This approach tends to view children as "incompetent" or inchoate social agents relative to adults. On the other hand, children also tend to be viewed sociologically as inhabiting a relatively autonomous social and cultural realm (and are hence conceptualized as "being children") (Russell and Tyler 2002 p622).

Williams (2006) preferred to highlight the breaking down of boundaries between child and adult worlds using the example of pre-teen girls being sold lacy underwear.

Russell and Tyler (2002) studied the retail outlet "Girl Heaven" aimed at 3-13 year-old girls. As well as selling particular toys, the stores include the "Princess Studio" for a make-over. Not only are girls taught about buying products, but the make-over emphasises the importance of appearance, of being body conscious. For women, the importance of appearance fulfils the demands of the feminine role in patriarchal society, and provides an outlet for selling a vast amount of products.

Russell and Tyler (2002) concluded, sadly, about their research seeming "to emphasise that the social construction of femininity within Girl Heaven renders bodily dissatisfaction and the stifling of aesthetic imagination and creativity in the process of becoming a woman virtually unavoidable" (p631).

Understanding Advertising

The process of "consumer socialisation" is relatively new in history, but the second half of the twentieth century has seen the vast increase in marketing and advertising. John (1999) has suggested three stages of children's understanding of advertising similar to stages of cognitive development:

i) Perceptual stage (3-7 years old) - Children view adverts at face value as funny and interesting. Understanding of a promotional message occurs by the end of the stage.

Children as young as six have a conception of what is "cool" (fashionable) and not (Pole et al 2006 quoted in Williams 2006).

ii) Analytical stage (7-11 years old) - By seven years old children understand adverts are designed to persuade, and distinguish them from other programmes. There is a recognition of brand names and development of the concept of shopping.

iii) Reflective stage (11-16 years old) - This stage sees a "heightened awareness of other people's perspectives, along with a need to shape their own identity and conform to group expectations, results in more attention to the social aspects of being a consumer, making choices, and consuming brands" (John 1999 p187).

John's idea of stages was based upon US literature and society, and may not apply elsewhere (Phoenix 2005).

Meanings of Possessions

Research on the meaning of possessions have linked them the perception of the self.

Kempton (1991 quoted in Phoenix 2005), using questions with different age groups of Californians (both children and adults), found differences in most valued possession. Pre-teens valued toys that gave comfort and security, whereas adults identified objects associated with social relationships and identity. This change in preference appeared in the mid-teens.

Furby (1978) explored the meanings of possessions in the US and Israel. One hundred and fifty US participants (30 each from five groups - kindergarten, 6-7 years old, 10-11 years old, 16-17 years old, and 40-60 years old), and 120 Israeli were interviewed. Pre-teens emphasised the positive affect associated with valued objects in both samples. Older teens in the US related their valued objects more to social power and status.

ADOLESCENT IDENTITY

A number of explanations have been proposed to account for consumption among adolescents including as a way of dealing with the unsettled nature of the teenage years (Kenway and Bullen 2001), and as a way of showing others that they are ready for "the next step older" (Eckert 1994 quoted in Phoenix 2005). This latter process is shown by wearing clothes and listening to music that is "age-appropriate".

On the other hand, consumption can signal an identity that is not child nor adult.

Maintaining Status Through Consumption

Wearing certain clothes and listening to particular music is a way of signalling status not just for adolescents but adults also. For adolescents it tends to be all-embracing (however, there are adults like this as well). High status comes in different ways like being a trendsetter in wearing certain brands of clothes.

The important point for the social construction of the self here is that hierarchy is implicit in the process (Brewer 2002). "Consumer capitalism" does not offer a selection of products to choose from, but it encourages the hierarchical nature of the choices. Product A and product B are the same, but product A "gains" a reputation for being "better" (more fashionable, for example). Adverts create this reputation and thus gives the producer a market advantage to sell more of its product:

Originally, manufacturers and advertisers used the 'branding' of mass consumed goods as nothing more than a way to communicate that their product is of high and dependable quality. With the recent glut of parity products - goods that are identical in their functional qualities - branding is now primarily used to 'add value' by constructing, manipulating and exploiting the symbolic meanings associated with them (Dittmar 2004 p209).

In a sense, there is not a choice of products because, for individuals concerned about status, they have to get the number one product.

Adverts tell us that something is the "number 1 best seller". That should not matter if individuals are seeking their own choices, but it does matter because products signal status, and few people want to signal low status. This process is at its most raw with adolescents.

Brands as Symbols of Status

Brands are the means of communicating in "consumer capitalism". As shown by Ben James (Communicative Strategy Director, Isobar): "use of brands to outwardly say who they are and what they believe in" ("Money Programme: Virtual World/Real Millions" 2007; BBC Television). Signalling who they are is one thing, but using brands to signal what they believe it is another.

Sherry (1998) described the consumer world as a "brandscape". As mentioned earlier not all products are equal. "Brands are important because they help some people to express particular things about themselves and so are one way in which they can construct their positions in their social worlds" (Phoenix 2005 p233).

Brands are a modern form of "conspicuous consumption" (Veblen 1925). This is the process of signalling high status through overt displays of wealth. Paying extra for a branded T-shirt, for example, makes a statement well beyond the meaningless slogan, label or logo attached to it.

Anderson (2004) interviewed forty adolescents and adults in Liverpool about personal possessions that "say something about you". Adolescents chose more branded goods, and referred to brands more when talking about themselves. A product like a mobile phone type provides a sense of belonging with other owners of the same make, but also individuality with specific ringtones. The participants were then asked to rate individuals in photographs wearing certain brands. The adolescents described "brand personalities" in positive and negative ways depending on the products. Overall the adolescents were very conscious of brand signals.

Using visible signals to rate individuals as positive or negative is a process that underpins impression formation. With the emphasis upon appearance in relation to products in "consumer capitalism", brands are a very quick way to establish whether the person is an "us" or "them". In one sense, everything is now a brand, a signal of who you are.

So in cyberspace where physical appearance does not exist (though it does in terms of photographs and avatars), individuals can signal their brands through the choice of music or type of mobile phone etc. One characteristic of "consumer capitalism" is the complete domination of products as the only way of signalling information about the self. Any non-product way of signalling is invalidated and/or perceived as low status.

Owning possessions is what counts. Dittmar and Pepper (1994) produced four vignettes of a man and a

woman, and varied only their material circumstances. One hundred and sixty-eight British adolescents were shown one of the vignettes, and preference was always for the person who owned expensive possessions.

In reality, brands are limited in what they can do, and that is part of their ability - ie individuals have to buy more or new ones to maintain status.

Boorman (2007) talked of the myths of luxury that go with branding, using the example of the "iPod":

- To spend more is to get more - but "iPods" have twice the faults reported than cheaper brands;
- To spend more is to feel better - but the top of the range is quickly overtaken by newer technology.

Boorman concluded: "To own anything less than an "iPod" is to admit defeat in the struggle for self-betterment, self-betterment being the ability to acquire the greatest volume of the highest quality things possible" (p32).

Conflicts in Consumption

Generally adolescents deny being influenced by the media and peers. There is a contradiction that has to be resolved between claiming individuality and wanting to "fit in". This is summarised nicely by "Shannon": "It's important to fit in with everybody. To fit in more and show what you are really like" (Miles 2000 p145).

A tightrope is being walked, not just for adolescents, but generally in "consumer capitalism": the paradox of the "conformity game" (Milner 2004). Conformity, but at the same time, different. Also it is important not to appear to be a "follower" or "trying too hard" (Storm-Mathisen 1998 quoted in Phoenix 2005).

At school, the conflicts around consumption are made raw in the form of bullying for not having the right brands. In society generally, the sanctions are less obvious, while television programmes like "What Not to Wear" (BBC Television) are the adult version of teasing the unfashionable children in the playground. In this programme adults are publicly criticised (and humiliated) for the "poor dress sense".

Not everybody admits to being concerned with buying brands. But "Positioning yourself against brands does, however, influence what young people can do as much as being determined to buy brands" (Phoenix 2005 p237). In other words, denying brands emphasises their importance in the social world. The answer is to ignore them, and to build values on non-products alternatives.

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